

MARY ELLEN F. BEAMS, TOWN CLERK
TOWN OF MONROE
1465 ORANGE TURPIKE, MONROE NY 10950
LOWER LEVEL
(845)783-1900; FAX (845) 782-5597

MAIL APPLICATION FOR CERTIFICATION OF BIRTH, DEATH AND/OR MARRIAGE

FEE: \$10.00 ea. *check or money order made payable to TOWN OF MONROE*. You will be charged a \$20.00 penalty in addition to the appropriate document fee for any check returned unpaid.

PLEASE ENCLOSE A SELF-ADDRESSED, STAMPED, RETURN ENVELOPE WITH **PHOTOCOPY OF ACCEPTABLE *IDENTIFICATION (Driver License, Non-driver ID, Passport, Naturalization Papers, Military ID)**. Individuals who have had a name change must provide legal documents proving name change *

***BIRTH CERTIFICATE:** Issued only to person named on record if 18 years or older, parent, or other lawful representative and to no one else except by court order.

Full Name of Person at Birth _____

Date of Birth _____

Father's Full Name: _____

Mother's Full Maiden Name _____

Purpose for which record is required: _____ No. of copies: _____

Relationship to person on record requested: _____

***DEATH CERTIFICATE:** Issued to spouse, children, siblings or parents of deceased or other lawful representative with medical or legal documentation.

Name of Deceased: _____ Date of Death: _____

No. of photocopies requested with _____ AND/OR without _____ confidential cause of death

Purpose for which relationship to person

record is required: _____ on record requested: _____

***MARRIAGE CERTIFICATE:** By law, marriage records issued only to bride, groom or by court order.

Spouse's Full Name (Birth or other) _____

Spouse's Full Name (Birth or other) at time of application for license _____

Date and Location of Marriage _____

Purpose for which record is required: _____ No. of copies: _____

I HEREBY STATE THAT THE INFORMATION SUPPLIED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT THE SIGNATURE ON THIS APPLICATION IS MY OWN.

DATE: _____ PRINTED NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

PHONE #: _____ ADDRESS OF APPLICANT _____

OFFICE USE ONLY:

ID Provided: _____ Vital Rec. Form No. _____ Receipt No. _____ Clerk ID _____

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